

United States Courts Appointment

A

_____		Judge's Staff
(Name of Court)		G Yes G No
_____ is appointed.		
(Name as it is signed below)		
_____	_____	_____
(Position title)	(Date of entrance on duty)	(Duty station)
(Vice _____)	Separated	_____)
(Previous incumbent)	mo.	day yr.
_____	_____	
(Position number)	(Signature of appointing officer)	
_____	_____	
(Date of appointment)	(Title)	

(Note: Appointing officer, please indicate the grade or level recommended _____ Special Pay Rate? **G** Yes **G** No)

B

I, _____, do solemnly swear (or affirm) that-

A. OATH OF OFFICE

I will support and defend the constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. So help me God.

B. AFFIDAVIT AS TO STRIKING AGAINST THE GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof.

C. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised, or paid any consideration for or in expectation or hope of receiving assistance in securing this appointment.

D. AFFIDAVIT AS TO EMOLUMENT FROM FOREIGN OFFICE

I will not accept, nor am I accepting any present emolument, office, or title, of any kind whatever, from any King, Prince, or foreign state.

E. AFFIDAVIT AS TO PERSONAL HISTORY AND EXPERIENCE AND QUALIFICATIONS STATEMENTS

The information given concerning personal history, experience, and qualifications is true to the best of my knowledge and belief.

(Signature of appointee)	
(Name will be on records as signed)	
Subscribed and sworn (or affirmed) before me this _____ day of _____, 19 _____	
_____	_____
at (City)	(State)

(Signature of officer)	

(Title)	

{SEAL}

(Note: The words "So help me God" in the oath and the word "swear" wherever it appears above should be stricken out when the appointee elects to affirm rather than swear to the affidavits; only these words may be stricken and only when the appointee elects to affirm the affidavits.)

APPOINTMENT IS NOT COMPLETE UNTIL OATH OF OFFICE IS ADMINISTERED.

(BOTH PAGES OF THIS FORM ARE TO BE EXECUTED)

C**APPOINTMENT FORM CONTINUED****PROFILE DATA**

1. Name (Last, First, Middle Initial)		2. Sex (M or F)	3. Handicap (Code)	4. Race/National Origin (Code & Designator)	
5. Social Security No.	6. Entry on Duty Date	7. Position Title		8. Type	9. Grade/Level 10. Step
11. Court Unit				12. City and State	
13. Appointing Officer					

Information in section C is accurate to the best of my knowledge.

15. If there are questions, please contact:

Appointee _____
(Signature)

(NAME) _____

Date _____

(TITLE) _____

(PHONE) _____

D

RECRUITMENT RECORD
(VACANCY ANNOUNCEMENT NUMBER: _____)

1. Name (Last, First, Middle Initial)		2. Sex (M or F)	3. Handicap (Code)	4. Race/National Origin (Code & Designator)	
5. Social Security No.	6. Entry on Duty Date	7. Position Title		8. Type	9. Grade/Level 10. Step
11. Court Unit				12. City and State	

	NAMES OF INTERVIEWEES	SEX	RACE/NATIONAL ORIGIN (Code & Designator)	HANDICAP (Code)
TOTAL APPLICANTS _____				
TOTAL INTERVIEWEES _____				

Information in section D is accurate to the best of my knowledge.Personnel Representative _____
(Signature)

Date _____

INSTRUCTIONS:

1. Complete sections C & D
2. Have Appointee sign and date section C
3. Sign and date section D
4. Separate section D and retain as part of your recruitment records for the vacancy filled
5. Submit section C along with A & B to the AO

APPLICATION FOR JUDICIAL BRANCH FEDERAL EMPLOYMENT - AO 78

If you need additional space, continue under "Remarks" listing item number



1. Name Last, First, Middle Initial _____

2. Phone Number _____

3. Social Security Number _____

4. Present Address _____

5. Place of Birth _____

6. Other names used for employment purposes _____

7. Date of Birth _____

City _____

State _____

Foreign Country _____

8. Are you a U.S. Citizen? **G** yes **G** no - Give the Country of your citizenship _____

9. a. Were you ever a federal civilian employee? **G** yes **G** no - If yes, highest civilian grade/salary: _____
grade/salary

b. Are you receiving a federal annuity or severance payment? **G** yes **G** no

10. Do you have any relatives who are Judges, Officers or employees of the United States Courts? If so give their names, positions, and relationships to you. _____

11. Have you ever been discharged from a position or asked to resign under the threat of discharge? ☐ yes ☐ no If yes, explain under Remarks.

12. Have you ever been convicted? ☐ yes ☐ no (You may omit: (1) offenses committed before your 18th birthday and adjudicated under a juvenile offender law; (2) offenses adjudicated under a youth offender law; (3) offenses as to which the record has been expunged; (4) minor traffic violations for which you paid a fine of \$100 or less.) If Yes, explain under Remarks.

13. EDUCATION

a. Do you have a high school diploma or G.E.D? ☐ yes ☐ no If yes, Date of Completion _____

b. Name and location of colleges or universities attended (including law schools)	Dates Attended		Credit Hours		Degree	Date Received	Grade Point Average and/or Scholastic Standing
	Quarter	Semester	Quarter	Semester			
Chief Undergraduate Subjects	Credit Hours		Chief Graduate Subjects			Credit Hours	
	Quarter	Semester				Quarter	Semester

c. Specify special skills, accomplishments, awards, honors, fraternities, sororities & societies. **G** None

d. Other schools or training such as a trade, vocational, military, or business. Give for each: Name and location of school, dates attended, subject studied, certificates, and other pertinent data.

14. MILITARY SERVICE

a. Have you ever served on active duty with the military? **G** yes **G** no If yes, attach a copy of DD 214, Notice of Separation

b. Are you retired from military service? **G** yes **G** no

APPLICANTS FOR LEGAL POSITIONS

a. Are you admitted to the Bar? **G** yes **G** no If yes, list the bar(s) to which admitted and dates of admission:
Is your Bar membership **G** Active **G** Inactive

b. Did you attend a bar review course? **G** yes **G** no If yes, Dates Attended (month, day, year): from _____ to _____

WORK EXPERIENCE

Including experience while in military service.

(Start with your present position and work back 10 years. Use additional page if necessary.)

May we ask your present employer about your character, qualifications, and work record? A “NO” will not affect our review of your qualifications. If you answer “NO” and we need to contact your present employer before we can offer you a job, we will contact you first.

☐ Yes ☐ No

A

Dates of Employment (month, day, year)		Number of hours worked per week:		Exact Title of Your Position	
From	To				
Salary or Earnings		Classification Grade/Level	Place of Employment	Kind of Business or Organization	
Starting \$	Per	(If in federal service)	City		
Final \$	Per		State or Country		
Name and Address of Employer (firm, organization, etc.)			Name and Title of Immediate Supervisor		
Business Telephone: Area Code Number					
Reason for Leaving					
Description of Work					

B

Dates of Employment (month, day, year)		Number of hours worked per week:		Exact Title of Your Position	
From	To				
Salary or Earnings		Classification Grade/Level	Place of Employment	Kind of Business or Organization	
Starting \$	Per	(If in federal service)	City		
Final \$	Per		State or Country		
Name and Address of Employer (firm, organization, etc.)			Name and Title of Immediate Supervisor		
Business Telephone: Area Code Number					
Reason for Leaving					
Description of Work					

REMARKS: (Use this space for continuation of answers. List the number of items being continued.)

APPLICANT CERTIFICATION

I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me, or firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated.

SIGNATURE _____ DATE SIGNED _____

CONTINUATION SHEET-AO-78

C

Dates of Employment (month, day, year)		Number of hours worked per week:		Exact Title of Your Position	
From	To				
Salary or Earnings		Classification Grade/Level	Place of Employment	Kind of Business or Organization	
Starting \$	Per	(If in federal service)	City		
Final \$	Per		State or Country		
Name and Address of Employer (firm, organization, etc.)			Name and Title of Immediate Supervisor		
Business Telephone: Area Code Number					
Reason for Leaving					
Description of Work					

D

Dates of Employment (month, day, year)		Number of hours worked per week:		Exact Title of Your Position	
From	To				
Salary or Earnings		Classification Grade/Level	Place of Employment	Kind of Business or Organization	
Starting \$	Per	(If in federal service)	City		
Final \$	Per		State or Country		
Name and Address of Employer (firm, organization, etc.)			Name and Title of Immediate Supervisor		
Business Telephone: Area Code Number					
Reason for Leaving					
Description of Work					

“This information is being solicited pursuant to Public Law 93-579, the Privacy Act of 1974, from individuals completing federal records and forms requesting personal information.”

“Complete section C of this form and submit it with your application. The form will be separated from your application and kept confidential. This information is being gathered to evaluate the effectiveness of the recruitment process. It will be used only for statistical and analytical purposes.”

SELF-IDENTIFICATION OF HANDICAP

(See instructions and Privacy Act information on reverse)

Last Name, First Name, Middle Initial	Birth Date (Mo./Yr.)	Social Security Number	ENTER CODE HERE →
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DEFINITION OF A HANDICAP: A person is handicapped if he or she has a physical or mental impairment which substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment. Those handicaps that

are to be reported are listed below (codes in bold numbers 13 through 94). In the case of multiple impairments, choose the code which describes the impairment that would result in the most substantial limitation.

TO THE EMPLOYEE: Self-identification of handicap status is essential for effective data collection and analysis. The information you provide will be used for statistical purposes only and will not in any way affect you individually. While self-identification is voluntary, your cooperation in providing accurate information is critical.

01 I do not wish to identify my handicap status. (Please read the employee note above and the reverse side of this form before using this code.) (Note: Your personnel officer may use this code if, in his or her judgment, you used an incorrect code.)

05 I do not have a handicap.

06 I have a handicap but it is not listed below.

SPEECH IMPAIRMENTS

13 Severe speech malfunction or inability to speak; hearing is normal (Examples: defects of articulation [unclear language sounds]; stuttering; aphasia [impaired language function]; laryngectomy [removal of the "voice box"])

HEARING IMPAIRMENTS

15 Hard of hearing (Total deafness in one ear or inability to hear ordinary conversation, correctable with a hearing aid)

16 Total deafness in both ears, with understandable speech

17 Total deafness in both ears, and unable to speak clearly

VISION IMPAIRMENTS

22 Ability to read ordinary size print with glasses, but with loss of peripheral (side) vision (Restriction of the visual field to the extent that mobility is affected—"Tunnel vision")

23 Inability to read ordinary size print, not correctable by glasses (Can read oversized print or use assisting devices such as glass or projector modifier)

24 Blind in one eye

25 Blind in both eyes (No usable vision, but may have some light perception)

MISSING EXTREMITIES

27 One hand

28 One arm

29 One foot

32 One leg

33 Both hands or arms

34 Both feet or legs

35 One hand or arm and one foot or leg

36 One hand or arm and both feet or legs

37 Both hands or arms and one foot or leg

38 Both hands or arms and both feet or legs

NONPARALYTIC ORTHOPEDIC IMPAIRMENTS

(Because of chronic pain, stiffness, or weakness in bones or joints, there is some loss of ability to move or use a part or parts of the body.)

44 One or both hands

47 One or both legs

45 One or both feet

48 Hip or pelvis

46 One or both arms

49 Back

57 Any combination of two or more parts of the body

PARTIAL PARALYSIS

(Because of a brain, nerve, or muscle problem, including palsy and cerebral palsy, there is some loss of ability to move or use a part of the body, including legs, arms, and/or trunk.)

61 One hand

67 One side of body, including one arm and one leg

62 One arm, any part

63 One leg, any part

64 Both hands

68 Three or more major parts of the body (arms and legs)

65 Both legs, any part

66 Both arms, any part

COMPLETE PARALYSIS

(Because of a brain, nerve, or muscle problem, including palsy and cerebral palsy, there is a complete loss of ability to move or use a part of the body, including legs, arms, and/or trunk.)

70 One hand

76 Lower half of body, including legs

71 Both hands

77 One side of body, including one arm and one leg

72 One arm

73 Both arms

74 One leg

78 Three or more major parts of the body (arms and legs)

75 Both legs

OTHER IMPAIRMENTS

80 Heart disease with no restriction or limitation of activity (History of heart problems with complete recovery)

81 Heart disease with restriction or limitation of activity

82 Convulsive disorder (e.g., epilepsy)

83 Blood diseases (e.g., sickle cell anemia, leukemia, hemophilia)

84 Diabetes

86 Pulmonary or respiratory disorders (e.g., tuberculosis, emphysema, asthma)

87 Kidney dysfunctioning (e.g., if dialysis [Use of an artificial kidney machine] is required)

88 Cancer—a history of cancer with complete recovery

89 Cancer—undergoing surgical and/or medical treatment

90 Mental retardation (A chronic and lifelong condition involving a limited ability to learn, to be educated, and to be trained for useful productive employment as certified by a State Vocational Rehabilitation agency under section 213.3102(t) of Schedule A)

91 Mental or emotional illness (A history of treatment for mental or emotional problems)

92 Severe distortion of limbs and/or spine (e.g., dwarfism, kyphosis [severe distortion of back])

93 Disfigurement of face, hands, or feet (e.g., distortion of features on skin, such as those caused by burns, gunshot injuries, and birth defects [gross facial birthmarks, club feet, etc.]

94 Learning disability (A disorder in one or more of the processes involved in understanding, perceiving, or using language or concepts [spoken or written]; e.g., dyslexia)

The Rehabilitation Act of 1973 (P.L. 93-112) requires each agency in the Executive branch of the Federal Government to establish definite programs that will facilitate the hiring, placement, and advancement of handicapped individuals. The best means of determining agency progress in this respect is through the production of reports at certain intervals showing such things as the number of handicapped employees hired, promoted, trained, or reassigned over a given time period; the percentage of handicapped employees in the work force and in various grades and occupations; etc. Such reports bring to the attention of agency top management, the Office of Personnel Management (OPM), and the Congress deficiencies within specific agencies or the Federal Government as a whole in the hiring, placement, and advancement of handicapped individuals and, therefore, are the essential first step in improving these conditions and consequently meeting the requirements of the Rehabilitation Act.

The handicap data collected on employees will be used only in the production of reports such as those previously mentioned and not for any purpose that will affect them individually. The only exception to this rule is that the records may be used for selective placement purposes and selecting special populations for mailing of voluntary personnel research surveys. In addition, every precaution will be taken to ensure that the information provided by each employee is kept in the strictest confidence and is known only to the one or two individuals in the agency Personnel Office who obtain and record the information for entry into the agency's and OPM's personnel systems. You should also be aware that participation in the handicap reporting system is entirely voluntary, **with the exception of employees appointed under Schedule A, section 213.3102(t) (Mental Retardation); Schedule A, section 213.3102(u) (Severely Physically Handicapped); and Schedule B, section 213.3202(k) (Mentally Restored).** These employees will be requested to identify their handicap status and if they decline to do so, their correct handicap code will be obtained from medical documentation used to support their appointment. No other employees will be required to identify their handicap status if they feel for any reason it is not in their best interest to have this information officially recorded outside of medical records. We request only that anyone not wishing to have this information entered in the agency's and OPM's personnel systems indicate this to their Personnel Office, rather than intentionally miscoding themselves, since false responses will seriously damage the statistical value of the reporting system.

[In those instances where the employee is or was hired under Schedule A, section 213.3102(t) (Mental Retardation), the Personnel Director or his/her designee (a Vocational Rehabilitation Counselor may also be helpful) **will assist the individual in completing this form and ensure that the employee fully understands the meaning of the form and the options available to him/her, as noted above.**]

Employees will be given every opportunity to ensure that the handicap code carried in their agency's and OPM's personnel systems is accurate and is kept current. They may exercise this opportunity by asking their Personnel Officer to see a printout of the code and definition from their record, by notifying Personnel any time their handicap status changes, and by initiating action in either of these cases to have the necessary changes made to their records. The code carried on employees in their agency's system will be identical to that carried in OPM's system, and any change to the agency records will result in the same change being made to OPM's records.

Your cooperation and assistance in establishing and maintaining an accurate and up-to-date handicap report system is sincerely appreciated.

PRIVACY ACT STATEMENT

Collection of the requested information is authorized by the Rehabilitation Act of 1973 (P.L. 93-112). The information you furnish will be used for the purpose of producing statistical reports to show agency progress in hiring, placement, and advancement of handicapped individuals and to locate individuals for voluntary participation in surveys. The reports will be used to inform agency top management, the Office of Personnel Management (OPM), the Congress, and the public of the status of programs for employment of the handicapped. All such reports will be in the form of aggregate totals and will not identify you in any way as an individual.

Solicitation of your Social Security Number (SSN) is authorized by Executive Order 9397, which requires agencies to use the SSN as the means for identifying individuals in personnel information systems. Your SSN will only be used to ensure that your correct handicap code is recorded along with the other employee information that your agency and OPM maintain on you. Furnishing your SSN or any other of the requested data for this collection effort is voluntary and failure to do so will have no effect on you. It should be noted, however, that where individuals decline to furnish their SSN, the SSN will be obtained from other records in order to ensure accurate and complete data.

Employees appointed under Schedule A, section 213.3102(t) (Mental Retardation), Schedule A, section 213.3102(u) (Severely Physically Handicapped), or Schedule B, section 213.3202(k) (Mentally Restored) are requested to furnish an accurate handicap code, but failure to do so will have no effect on them. Where employees hired under one of these appointments fail to disclose their handicap, however, the appropriate code will be determined from the employee's existing records or medical documentation submitted to justify the appointment.

AO 78A Part C - GENERAL INSTRUCTIONS

The top portion of the form should be submitted when a new appointment is made. It may also be submitted if there is any change in the data previously reported, either to correct an error or to accommodate changed circumstances.

The bottom portion of the form, containing information as to applicants and interviewees, is for the court's own use and should be retained in the court, either by the appointing officer or by the E.E.O. Coordinator.

Items 7-13 need not be completed on the top portion of the form as this information will generally be reflected in other appointment papers.

Handicap codes may be determined by consulting the attached sheet. Race/National Origin codes are as follows: (1) White; (2) Black; (3) Hispanic; (4) Asian; (5) American Indian.